



Short report

Atypical suicides or the first undiagnosed autoerotic deaths in Europe?



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ABSTRACT

Autoerotic accidental deaths (AAD) are increasingly reported deaths occurring during solitary sexual rituals used to enhance sexual excitement. The majority of these fatalities involve hanging or other form of self-inflicted asphyxia. The German medical literature, with the first recognized AAD published in the early 1900s, has antedated by decades the first significant AAD reports (1950–1953) in English. Early contributions in languages other than English and German are mostly overlooked in current AAD reviews, although AAD were recognised in some European countries as early as the 1940s and 1950s. For a variety of reasons, it is likely that, before the description of the first AAD in the medical literature, some asphyxia deaths have been classified as suicides with peculiar features, instead of as accidents resulting from life-threatening sexual practices. In the present study, we review and comment on three such atypical asphyxia deaths investigated in central Europe (Austria, Italy, Switzerland) during the period 1821 to 1927. The retrospective analysis of these cases revealed some circumstantial and individual features which nowadays could be linked to AAD, and disclosed the reluctance of medical examiners to analyse their motivational, and possibly sexual, background. The medico-legal approach to some autopsy findings of these cases also illustrates some controversial diagnostic issues regarding mechanical asphyxia, issues recurrently debated during the 19th century.

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1. Introduction

Various literary sources, some dating back more than 200 years, mention the use of life-threatening sexual practices, especially ones related to asphyxiophilia, to heighten the sexual response.¹ Identification of autoerotic accidental death (AAD) as a specific medical entity has been, however, a lengthy and progressive process. The German literature, with the first recognized AAD published in the early twentieth century,^{2,3} antedates by decades Stearn's papers in 1953 and 1955 on autoerotic hanging in the USA,^{4,5} milestones in the English medico-legal literature on AAD.⁶ Early contributions on this topic in languages other than English have mostly been overlooked in contemporary reviews of AAD. Nowadays, AADs are increasingly recognised and diagnosed across all continents, also in countries with few or no previous records of AAD.^{7–10}

For a variety of reasons, it is possible that, before recognition of the first AAD, some asphyxia deaths have been classified – and published in the medical literature as suicides with peculiar features, rather than accidents resulting from life-threatening sexual practices. Auder's suicide report in 1927¹¹ is considered the first misdiagnosed AAD published in the English literature.⁶ In this

paper, we report and comment on three possible AADs, classified as atypical suicides, investigated in Austria, Italy, and Switzerland during the period 1821 to 1927.

2. Case reports

2.1. Case 1 (Austria, 1821)

This case was published in the Austrian "Beiträge zur Gerichtlichen Arzneikunde"^a as early as 1821 by Joseph Bernt (1720–1842), director of the Institute of Legal Medicine in Vienna.¹² The author, in his short note, describes the case of a 60-year-old man who was found hanging in his home, wearing only a shirt and boots and with his hands elaborately bound by ropes to the trunk. One hand was positioned near the genitals and traces of sperma were detected on the victim. No suicide note was found at the scene. Bernt interpreted this case as an atypical suicide, underlining its bizarre circumstances and the need to differentiate such atypical hanging cases from homicidal hanging. Bernt did not elaborate about the victim's nudity and ligatures. The possibility of an accidental death, following a sexual ritual, was not considered.

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^a Published in Vienna (Austria) from 1818 to 1832.

2.2. Case 2 (Italy, 1897)

The second case was published in the Italian "Giornale di Medicina Legale"^b in 1898¹³ as a scientific correspondence to the Director of the journal, Gioele Filomusi-Guelfi (1851–1918), Professor of Legal Medicine in Pavia. A medical student wrote: "I ... describe a case of hanging that I have personally observed. On June 3rd 1897, in the evening, the doctor and the representative of judicial authority of the city of Merate (North Italy) were urgently called to the home of S.L., who was found dead hanging in his room. Arrived at the scene, they found the rope used for suspension ... broken near its insertion site at the door hinge, ... the body was lying on the floor between the door and the wall; ... the victim wore only a shirt ... it was estimated that the death occurred about 6 h earlier ... after the observation of the ligature mark and the *erection of the penis as well as spot of spermatic fluid on the shirt* – the competent authority not having required a judicial autopsy – ... the body of the deceased was positioned on the bed ... Yours: Carlo Baslini ..." [translation by the author].

Noteworthy, in this case, is that the medical student and the local doctor called to the scene focused their observations on the penis erection and ejaculation, but did not comment the partial nudity of the victim. Similarly, Filomusi-Guelfi, in a brief introduction to this correspondence, mentioned only – citing Leonce Verse's monography on hanging¹⁴ – the controversies concerning the value of erection and ejaculation as a vital sign of hanging, an issue which he also treated during his academic lessons, but did not elaborate on any other aspect of this case.

2.3. Case 3 (Switzerland, 1928)

The third case was observed by Edouard Rosselet at the Institute of Legal Medicine in Geneva (Switzerland) and published the same year in the French "Annales de Medecine Legale"^c¹⁵. A young male aged 26, baker and musician, after an evening spent with his friends discussing future projects, was found dead by the doorman in the corridor of his flat with the head wrapped in several layers of a thick rubber raincoat and secured to the head with a cord. There was no sign of struggle in the apartment and the entrance door was closed from inside. A radiator and the surrounding floor showed traces of urine. The deceased had behavioural disturbances with phobias towards women and the risk of being contaminated by venereal diseases, which he alleviated with intense autoerotic activity. Moreover, he frequently carried rubber objects in his pocket, touching them continuously. At the scene some rubber objects were also found on his bed.

In this case, Rosselet made available more details on the scene and the victim, although he did not describe the clothes, if any, worn by the deceased. Rosselet commented on the unusual method for suicide and provided a rather detailed description of the victim's personality including intense masturbation and paraphilic (fetishism and possibly urophilia), but he did not consider these traits in the evaluation of the manner of death. Rather, commenting on the autopsy findings, the author indulged in the absence of sub-pericardial petechiae, in contrast with their presence in typical suffocation and strangulation cases.

3. Discussion

In central Europe, mechanical asphyxial deaths have been a major topic in forensic textbooks at least since the time of Zacchia's

"Questiones Medico-Legalis".¹⁶ Several writings and observations on hanging series and the pathophysiology of asphyxia were published in Europe during the eighteenth and nineteenth centuries. During this period, however, no medical reports attest, as far as we know, to any awareness among medical doctors of accidental hanging or other asphyxial deaths during sexual practices, although hanging as a mean of increasing sexual excitement was already mentioned in literature.¹ The absence of references to asphyxiophilia in Kraft-Ebling's "Psychopathia Sexualis" (1886)¹⁷ testifies further to the limited medical information on this practice available during the nineteenth century. The reluctance of medical examiners to interpret death and "deviant" human behaviours outside the framework of anatomical or physiological issues may explain, in part, the gap between the medical literature and literary works on dangerous sexual practices. In addition to the repeatedly cited early literary sources on asphyxiophilia, we would like to add that the relationship between hanging and pleasurable feelings was marginally mentioned, in Italy, during the 1800s within a debate about the differing degrees of cruelty among death-penalty methods. In 1853 a paper by Berrutti and De Maria, on this topic mentioned, indeed, the existence of a circle for asphyxiophiles in Torino (North Italy), with the occurrence of some fatalities.¹⁸

The investigation of the scene and the medico-legal findings in the three cases above overlooked relevant characteristics such as dressing, binding, and other paraphylas that could have provided more insight into the motivational dynamic of each death. Obviously, in none of these cases could a definite retrospective diagnosis of AAD be formulated due to the lack of crucial details, but some of the features reported would likely alert nowadays most forensic professionals to consider, in their differential diagnosis, AAD.

Professor Bernt's case (Austria, 1821) has been at times cited as the first AAD. However, it must be noted that Bernt firmly supports the diagnosis of suicide, although stressing its peculiar aspects, and did not take into consideration the possibility of an accidental death during unusual sexual practices. Obviously, the presence of ligatures alone is not a unique indicator of the victim's "penchant" for masochism. Such ligatures can be present in suicides, and the possibility of a homicide must always be adequately considered. The nudity of the victim, too, does not always testify to sexual activities connected with hanging, but can be observed in other contexts, such as in suicide of prisoners or mentally alienated. The association between nudity and arm ligatures, as reported in Bernt's case, in definite suicides by hanging is much more uncommon, and in some of these cases, the border between suicide and accident can be very blurred.

Baslini's report (Italy, 1897) focuses on ejaculation and erection in the victim, but overlooks the partial nudity of the victim. Although post-mortem traces of sperm on the skin are not necessarily an indicator of ejaculation following masturbation, this case shows how the relation between hanging and sexuality remained, during the nineteenth century, essentially a matter of anatomy and physiology. Indeed, the erection and ejaculation observed in hanging victims was considered at that time by some medical examiners a potential vital sign of hanging. The relation between hanging and erection raised at the beginning of the 1800s a historical controversy between Orfila and Devergie, two of the fathers of forensic medicine in France.^{19–21} The first claimed that erection was due to post-mortem congestion, and the second interpreted it as a vital phenomenon. Tardieu (1870)²² and later Brouardel (1897)²³ in their monographs on hanging also interpreted erection as a common post-mortem phenomenon. Brouardel²³ (p. 10), stated that "...sperm emission is easy to explain ..." because "under cadaveric constriction ... the liquid contained in the seminal vesicle ... penetrates the urethra ..." and "... if the body ... is in a vertical position, like in hanging, it [the sperm] fall down drop by drop ...".

^b Published in Pavia (Italy) from 1894 to 1904.

^c Published in Paris (France) from 1921 to 1950.

He recalls also (p. 15) that a technician at the morgue "...has repeatedly hanged cadavers of individual died 48 h or more before to demonstrate this phenomenon to students ..." [translation by the author]. Furthermore De Boismont²⁴ in the chapter on mechanical asphyxias (p. 524–531) of his monograph on suicide attributes the erection and ejaculation to post-mortem spasm or relaxation of sphincters or both. Although the reports of Verse (1891)¹⁴ in France, Ebertz (1892)²⁵ in Germany, and Caprara (1898) and Lombroso (1900)²⁶ in Italy somehow support Devergie's point of view on the vital nature of ejaculation and erection, the significance of erection and ejaculation as a sign of vital hanging was later dismissed in most medico-legal textbooks.²⁶

The finding of erection and ejaculation in hanging victims has also lead some authors at the end of the nineteenth century to consider, mostly with scepticism, the link between these phenomena and pleasurable feelings. However, the association between early contributions on "atypical" hanging and early recognition of asphyxiophilia and AAD appears questionable. Brouardel in his monograph²³ (p. 10) mention the "Club des Pendus" in London: "the members of this association, believing that hanging is associated with voluptuous sensations, hang themselves mutually; the things happen in a great mystery, and I will not reveal to you the details". However, Brouardel stated further (p. 47) that the association of hanging with voluptuous sensations is a "popular legend" arising from the report of a French doctor, Guyon, that in 1572, assisting executions by hanging, observed in 9 of the 14 individual condemned an erection. Brouardel also cited Fleichmann's²⁷ self-experiments and the fatal case of Mr. Scott (1840), an American man who makes public exhibitions of self-hanging, and stated that none of them experienced pleasurable feelings. De Boismont²⁴ further stated that hanging survivors "... have seen like lightning on the front of their eyes and ... felt their legs extremely weighty" but "nobody has made any allusion to states that seem to relate to genital phenomena ...". De Boismont's non-fatal case, based on a magazine report, of a 12-year-old boy hanging himself without obvious motivation, is sometimes referred as the first case of asphyxiophilia reported in the medical literature. The author, however, interpreted this case as a suicide attempt, including it within a paragraph on suicide among the young and children.

Rosselet's suffocation case (Switzerland, 1927) was published more than 100 years after Bernt's case and almost 30 years after Baslini's case, in a new and rapidly evolving medico-legal context. The possibility of this case's being a misdiagnosed AAD was already suggested during the 1970s.²⁸ Rosselet shows close attention to some peculiar traits of the victim's personality, but the general approach of the case unveils the persisting difficulty and, possibly, reluctance to consider the potential psychosexual aetiology and accidental nature of this asphyxia death. In this fatality, Rosselet overlooked the possibility of an accident occurring during a solo sexual ritual. Nor did the author elaborate on the fact that the victim spoke prior to his death about future projects, an aspect which would inspire some doubt as to his actual suicide intentions. Rosselet, interestingly, indulged in the contemplation of the absence of sub-pericardial petechiae in this atypical asphyxia, in contrast to classical suffocation and strangulation cases. Indeed, at the turn of the nineteenth century, under the influence of Tardieu's works in France,²² pericardial and pleural petechiae were often considered as pathognomonic signs of death by mechanical asphyxia. However, the pathognomonic value of this finding was soon disputed by Karl Liman and other German medical examiners,²⁹ being since the 1940s, also in the English medical literature, progressively doubted and finally substantially disregarded.

Decades after Bernt's and Baslini's case reports, German authors described at the beginning of the XX century atypical suicides with sexual connotations^{30,31} and the first cases of hanging with sexual

motivation.^{2,3} Partially under the influence of the German literature, the first AAD cases were also recognised and published in other European countries, namely during the 1940s in France³² and Denmark,³³ and, in the following two decades, also in Switzerland,³⁴ Belgium³⁵ and Italy.²⁶

At a time, where AAD are increasingly recognised and reported, caution must still be used in discriminating between AAD and suicide with masochistic traits, and in assessing an eventual partner's role in the event leading to an accidental death during sexual practices. However, due to extensive studies and increasing reports, the misdiagnosis or misclassification of AAD as suicide is definitely less admissible today than it was in the XIX century. However, it is our experience that reluctance to acknowledge the sexual nature of certain types of death still persists in different regions of the world.

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